

April 26, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 21-45

The purpose of this letter is to inform County Welfare Departments of revised and obsolete forms, Notices of Action, and Notice of Action messages. These forms and notices have been revised pursuant to Assembly Bill 79 (Chapter 11, Statutes of 2020), which replaces the existing California Work Opportunity and Responsibility to Kids (CalWORKs) 48-month time limit with a 60-month time limit, repeals the Welfare-to-Work 24-Month Time Clock (WTW 24-MTC) and establishes the CalWORKs Hourly Participation Requirements.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

April 26, 2021

ALL COUNTY LETTER (ACL) NO. 21-45

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATORS
ALL COUNTY REFUGEE COORDINATORS
ALL COUNTY CALFRESH SPECIALISTS
ALL CONSORTIA REPRESENTATIVES

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) PROGRAM: REVISED AND OBSOLETE FORMS, NOTICES OF ACTION (NOA), AND NOA MESSAGES REGARDING THE CALWORKS 60-MONTH TIME-ON-AID LIMIT, THE REPEAL OF THE WELFARE-TO-WORK (WTW) 24-MONTH TIME CLOCK (MTC) AND ESTABLISHMENT OF THE CALWORKS HOURLY PARTICIPATION REQUIREMENTS

REFERENCE: [ASSEMBLY BILL \(AB\) 79 \(CHAPTER 11, STATUTES OF 2020\);](#)
[WELFARE AND INSTITUTIONS CODE \(WIC\) SECTION 11454;](#)
[ALL COUNTY LETTER \(ACL\) NO. 20-113](#) AND [ACL NO. 20-120](#)

The purpose of this ACL is to inform County Welfare Departments (CWDs) of revised and obsolete forms, NOAs, and NOA messages that have been modified to reflect changes to the CalWORKs program made by [AB 79 \(Chapter 11, Statutes of 2020\)](#). The changes pertain to the extension of the CalWORKs time limit for adult recipients from 48 months to 60 months, the repeal of the WTW 24-Month Time Clock (24-MTC) and establishment of the CalWORKs Hourly Participation Requirements. CWDs must begin using the attached forms, NOAs, and NOA messages starting May 1, 2022.

60-MONTH TIME LIMIT INFORMATION NOTICE

As noted in the 60-month time limit implementation letter, [ACL 20-113](#), an information notice regarding the extended CalWORKs time limit will be released to CalWORKs recipients. This notice will be released with related instructions under separate cover.

REPEAL OF 24-MTC INFORMATION NOTICE

As noted in the 24-MTC repeal letter, [ACL 20-120](#), an information notice regarding the repeal of the 24-MTC and the establishment of the CalWORKs Hourly Participation Requirements in its place will also be released under separate cover.

OBSOLETE FORMS

The following WTW 24-MTC forms will become obsolete effective May 1, 2022 as a result of the WTW 24-MTC repeal:

- CW 2208 Your WTW 24-MTC
- WTW 38 WTW 24-MTC Notice
- WTW 43 Notice of Your WTW 24-MTC Ending Soon
- WTW 44 WTW 24-MTC Extension Request Form
- WTW 45 WTW 24-MTC Extension Determination
- WTW 46 End of WTW 24-MTC Review Appointment Letter
- NA 1276 NOA Welfare-to-Work 24-Month Time Clock Limit

The following time-on-aid forms will also become obsolete effective May 1, 2022 as a result of the 60-month time limit:

- CW 2189 Notice of your CalWORKs Time Limit – 42nd Month on Aid
- M40-107C Time on Aid between 42nd and 46th Month

REVISED FORMS AND NOAS

The table below contains 18 forms and notices that have been revised.

Aside from the notices released in this letter, three time-on-aid notices (CW 2189A, CW 2189B, M40-107C1) were released under [ACL 20-113](#). For additional information regarding WTW notices, refer to [ACL 20-120](#).

Form	Title	Change Description
CW 88 Coversheet	You May Be Eligible for Diversion Services	CalWORKs time limit amended from 48-months to 60-months. Updated the Maximum Aid Payment for a family of 3 to align with October 2019 values.

CW 88	Diversion Services Agreement CalWORKs Program	CalWORKs time limit amended from 48-months to 60-months.
CW 2166	Work Really Pays! Here's How	CalWORKs time limit amended from 48-months to 60-months. The 60-month time limit implementation date added. "Even if you stop participating in your WTW activity, you can still get child care for 12 months" added under the child care section.
CW 2184	CalWORKs 60-Month Time Limit	CalWORKs time limit amended from 48-months to 60-months. The 60-month time limit implementation date added.
CW 2186A	CalWORKs Exemption Request Form	CalWORKs time limit amended from 48-months to 60-months. Reference to the WTW 24-MTC has been removed and replaced with "Welfare-to-Work Participation."
CW 2186B	CalWORKs Exemption Determination	CalWORKs time limit amended from 48-months to 60-months. Reference to the WTW 24-MTC has been removed and replaced with "Welfare-to-Work Participation." Regulation citation revised to include AB 79 and ACL 20-113.
CW 2187	YOUR CalWORKs 60-Month Time Limit	CalWORKs time limit amended from 48-months to 60-months. Added that NOA is sent between 54 th and 57 th month on aid. Added hearing rights and the NA Back 9. Regulation citation revised to include AB 79 and ACL 20-113.
CW 2190A	CalWORKs 60-Month Time Limit Extender Request Form	CalWORKs time limit amended from 48-months to 60-months.

CW 2190B	CalWORKs 60-Month Time Limit Extender Determination Form	CalWORKs time limit amended from 48-months to 60-months. Regulation citation revised to include AB 79 and ACL 20-113.
CW 2191	Time on Aid Verification for CalWORKs/TANF 60-Month Time Limits	CalWORKs time limit amended from 48-months to 60-months.
CW 2192	Tracking Non-California TANF Assistance for Time Limits	CalWORKs time limit amended from 48-months to 60-months.
FSP 2	Family Stabilization Program Denial Notice	Removed reference to WTW 24-MTC.
NA 530	Notice of Action- 60-Month Time Limit	CalWORKs time limit amended from 48-months to 60-months. Regulation citation revised to include AB 79 and ACL 20-113. This form will be revised again due to Senate Bill (SB) 80 (Chapter 27, Statutes of 2019) changes effective June 2022.
NA 531	Notice of Action- 60-Month Time Limit (Continued)	CalWORKs time limit amended from 48-months to 60-months. This form will be revised again due to SB 80 changes effective June 2022.
NA 532	Notice of Action- 60-Month Time Limit (Continued)	CalWORKs time limit amended from 48-months to 60-months. This form will be revised again due to SB 80 changes effective June 2022.
PUB 370	Public Assistance Benefits for Asylees in California	CalWORKs time limit amended from 48-months to 60-months.
WTW 5	Welfare-to-Work Program Notice	Removed references to WTW 24-MTC and CalWORKs time limit amended from 48-months to 60-months.

WTW 51	Welfare-to-Work Noncompliance Checklist Tool	Removed references to WTW 24- MTC and CalWORKs 48-month limit.
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REVISED NOA MESSAGES

The table below contains the 14 NOA messages that have been revised.

NOA #	Title	Change Description
M40-107A	Time on Aid (no previous NOA issued)	In the instructions, removed zero basic grant (ZBG) from the list of months which do not count toward the CalWORKs time limit. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107 Addendum 1	Child Support Collection for CalWORKs 60-Month Time Limit Exemption	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107 Addendum 2	Child Support Collection for CalWORKs 60-Month Time Limit Exemption	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107B	Time on Aid at Redetermination or Application (previously noticed)	CalWORKs time limit amended from 48-months to 60-months. In the instructions, removed ZBG from the list of months which do not count toward the CalWORKs time limit. Regulation citation and authority revised to include AB 79 and ACL 20- 113.
M40-107D	Time on Aid to Former CalWORKs Recipients	CalWORKs time limit amended from 48-months to 60-months. Added instructions noting ZBG months are excluded from the TANF time limit, “unless family is not employed and received supportive services”.

		Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107F	Extended Beyond 60 Months of Aid	CalWORKs time limit amended from 48-months to 60-months. In the instructions, removed ZBG from the list of months that do not count toward the CalWORKs time limit. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107F1	Extender Met After 60th Month	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107F2	Extender Ended	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107G	60th Month on Aid	CalWORKs time limit amended from 48-months to 60-months. In the instructions, removed ZBG from the list of months that do not count toward the CalWORKs time limit and “MAP” was replaced with “Tier 2 Income Reporting Threshold (IRT).” Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107J	Timed-Out Adult	Regulation citation and authority revised to include AB 79 and ACL 20-113.
M40-107J1	Approval After 60 Months on Aid	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113.

M40-107K	Increase Grant due to TOA Adjustment	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113.
M81-215E	Time Limit Diversion	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113. Replaced minus sign with a division sign.
M81-215F	Time Limit Diversion	CalWORKs time limit amended from 48-months to 60-months. Regulation citation and authority revised to include AB 79 and ACL 20-113. Replaced minus sign with a division sign.

CAMERA READY COPIES AND TRANSLATIONS

For a camera-ready copy in English, contact the CDSS Forms Management Unit at fmudss@dss.ca.gov. You may obtain these forms from the CDSS webpage at: [CDSS Forms and Brochures Website](#).

For questions on translated materials, please contact the CDSS Language Services at (916) 651-8876. CWDs are required to provide CDSS translation to applicants and recipients in their primary languages when they are or become available. Until translations are available, recipients who have elected to receive materials in languages other than English must be sent the English version of the form or notice along with the [GEN 1365 - Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. When the percentage of non-English cases in a program and/or office location is less than five percent, this requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. When the percentage of non-English cases in a program and/or office location is equal to or more than five percent, the CWD must assign a sufficient number of qualified bilingual employees to public contact positions in that program or location, as calculated pursuant to [MPP Section 21-115.1](#). Language services shall be provided free of charge to the applicant/recipient.

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More information regarding languages services, which includes both interpretation and translations, can be found in [MPP Section 21-115](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the Early Engagement and Eligibility Bureau at (916) 654-1322 or the CalWORKs Engagement Bureau at (916) 654-2137.

Sincerely,

Original Document Signed By

JENNIFER HERNANDEZ
Deputy Director
Family Engagement and Empowerment Division

Attachments

YOU MAY BE ELIGIBLE FOR DIVERSION SERVICES

Diversion services can give you cash or non-cash services to meet a specific current need or emergency such as unpaid rent or car repair. Read this Coversheet carefully. It gives you facts to help you decide if diversion services are right for you. You must fill out and sign the Diversion Services Agreement before you can get diversion services.

Facts About Diversion Services

- The county determines if you are eligible for diversion services. They are only for persons who:
 - May benefit from diversion services and could avoid the need for getting cash aid every month **and**
 - Are apparently eligible for cash aid, **and**
 - Need some cash or non-cash assistance to help solve a current need or emergency situation.
- You can **only** get diversion services at the time of application. If you choose to get cash aid, you will no longer be eligible for diversion services.
- You should **only choose** to get diversion services if you do not need or want to get cash aid each month.
- You may be eligible for CalFresh and Medi-Cal, and you may be able to get child care assistance.
- You and the county must agree to the method of payment for diversion services.

Choosing Diversion Services Instead Of Monthly Cash Aid

If you choose to get diversion services:

- You will not get monthly cash aid.
- You must sign the attached Diversion Services Agreement.
- You will get a notice that:
 - Denies your current application for cash aid, **and**
 - Gives you the method of payment for your diversion services and the number of months in your diversion period.
- You will get a separate approval or denial notice for any other benefits you applied for, such as CalFresh and Medi-Cal.
- You must tell your worker if you need child care assistance during your diversion period.

After Getting Diversion Services

If you apply for cash aid after getting diversion services and it is:

- **Before the diversion period ends**, you must choose to allow the county to either:
 - Lower your monthly cash aid payment by the amount determined by the county to repay the diversion payment/services; **or**
 - Count the total diversion period against your 60-month time limit.
- **After the diversion period ends**, the county will only count one month of the diversion period against your 60-month time limit.

Figuring The Diversion Period

When the county figures the diversion period, the county:

- Determines the purchase price or current value for any non-cash services you get.
- Takes the amount of diversion payment/services and divides it by your Maximum Aid Payment for your assistance unit at the time you got diversion services.

Example For Figuring A Diversion Period

- An applicant with two children receives \$1,780 to take care of emergency repairs on their car so they can continue working.
- With a Maximum Aid Payment of \$834 for an assistance unit of 3 at the time they got diversion services, their diversion period is 2 months ($\$1,780 \div \$834 = 2.1$ months, which is then rounded down to a 2-month diversion period).

IF YOU DO NOT CHOOSE TO GET DIVERSION SERVICES, TELL THE COUNTY YOU WANT TO GET MONTHLY CASH AID, IF YOU ARE OTHERWISE ELIGIBLE.

**DIVERSION SERVICES AGREEMENT
CALWORKS PROGRAM**

Case Name	Case Number	Worker Name	Worker Number
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WORKER COMPLETES:

- Cash payment in the amount of: \$_____ for the following need(s): _____
- Non-cash services: The purchase price or current value for the non-cash services is: \$_____
Describe non-cash services: _____
- The diversion period will be from _____ to _____.

APPLICANT COMPLETES:

I choose to get diversion services because I do not need or want to get cash aid every month, but I need some cash or non-cash assistance now for a current need or emergency situation. The county and I agree to the above method of payment.

Initial Each Item

_____ I certify that I have read the diversion coversheet. I understand the rules and my responsibilities for choosing diversion services instead of getting cash aid each month.

I also understand that:

- _____ I will get a notice that denies my current application for cash aid, and gives me the method of payment for my diversion services and the number of months in my diversion period.
- When figuring the number of months in my diversion period, the county will take the amount of the payment/services and divide it by the Maximum Aid Payment for my assistance unit at the time I received diversion services.
 - When figuring my diversion period, the county determines the purchase price/current value for the non-cash services.
- _____ I will get a separate approval or denial notice(s) for any other benefits I applied for, such as CalFresh and Medi-Cal.
- _____ If I apply and am found eligible for cash aid before my diversion period ends, I must tell the county I choose to either:
- Repay the cash value of the diversion services by lowering my monthly cash aid payment by an amount determined by the county; or
 - Count the number of months in my diversion period toward the 60-month maximum limit on the time I am eligible to get aid.

_____ If I apply for cash aid and am found eligible after my diversion period ends, the county will only count one month against my 60-month time limit. No repayment is required.

Signature of Parent or Caretaker Relative	Date
Signature of Adult Spouse, Registered Domestic Partner, or Other Parent (If Living in the Home)	Date
Signature of Witness to Mark or Interpreter, or Other Person Completing Form	Date

I certify the parent/caretaker relative has been given a copy of the CW 88 "Coversheet and Diversion Services Agreement." The parent/caretaker relative says they understand the rules and their responsibilities for choosing diversion services instead of getting monthly cash aid. The parent/caretaker relative also says they understand the rules for the diversion period.

Signature of County Worker	Date
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COUNTY USE ONLY

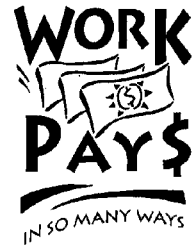
Diversion Period Calculation:

Diversion Amount \$ _____ ÷ AU MAP \$ _____ = _____ months. (*Exclude partial months.*)

WORK REALLY PAYS! HERE'S HOW:

You can work and still get CalWORKs cash aid as long as you are low income and remain eligible. When you add your earnings to your cash aid, you will have more \$\$\$ for your family. Work also:

- Develops your job skills, and helps you get a better job.
- Builds a better life for you and your family.
- Gives you personal satisfaction.
- Builds your self-esteem.



HERE IS AN EXAMPLE OF HOW WORK PAYS FOR MARY AND HER TWO CHILDREN (REGION 1): Mary works 32 hours a week for \$15.00 an hour.

Step 1 **Mary's weekly gross earnings:**

\$15.00 x 32 hours = \$480 Weekly Earnings

Step 2 **Mary's average monthly gross earnings:**

\$480 x 4.33 weeks = \$2,078.40 Monthly Gross Earnings (4.33 is the average number of weeks per month)

Step 3 **Mary's monthly countable earnings:**

Mary's Monthly Gross Earnings	\$2,078.40
Less \$550 Earned Income Deduction (EID)	- 550.00
Balance	1,528.40
Less 50% (half) of Balance	- 764.20
Equals Countable Earnings	\$ 764.00*

Step 4 **Mary's cash grant:**

Non-exempt Maximum Aid Payment (MAP) for 3 (Region 1)**	\$ 878.00
Less Mary's Countable Earnings	- 764.00
Equals Cash Grant	\$ 114.00

Step 5 **Mary's total monthly income:**

Monthly Gross Earnings	\$2,078.00*
Plus Cash Grant	+ 114.00
Equals Total Gross Income	\$2,192.00

*Countable income is rounded down to whole dollar amounts.

**MAP is from All County Letter No. 19-73

For a translation of this notice, ask your worker.

若需本通知的翻譯本，請和你的工作人員聯絡。

(Chinese)

Si no puede leer este documento, pídale ayuda a su trabajador.

(Spanish)

Для перевода этого извещения обратитесь к работнику.

(Russian)

Để có bản dịch của thông báo này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị.

(Vietnamese)

FIGURE YOUR EARNINGS AND CASH AID:**Step 1 Your weekly gross earnings:**

Your hourly wage \$ _____ x your weekly hours of work _____ = your Weekly Gross Earnings \$ _____.

Step 2 Your average monthly gross earnings:

Your Weekly Gross Earnings \$ _____ x 4.33 weeks = your Monthly Gross Earnings \$ _____.

Step 3 Your monthly countable earnings:

Your Monthly Gross Earnings (from Step 2)	\$	_____
Less \$550 Deduction	-	550.00
Balance	\$	_____
Less 50% (half) of Balance	-	_____
*Equals Countable Earnings	\$	_____

Step 4 Your cash grant:

Non-exempt Maximum Aid Payment (MAP) for a family your size	\$	_____
Less your Countable Earnings (from step 3)	-	_____
Equals Cash Grant	\$	_____

Step 5 Your total monthly income:

*Monthly Gross Earnings (from step 2)	\$	_____
Plus Cash Grant (from step 4)	+	_____
Equals Total Gross Income	\$	_____

*Countable income is rounded down to whole dollar amounts.

FACTS ABOUT OTHER BENEFITS YOU CAN GET FROM WORKING**WORK PAYS IN SO MANY OTHER WAYS****SUPPORTIVE SERVICES**

While in CalWORKs, you and the county will agree on goals and activities to help you get a job and support your family without cash aid. You have the right to get supportive services you need to do your activities and assignments. This can be transportation, child care, ancillary costs (fees, uniforms, supplies, etc.), and counseling services to help with the transition to work. You may be able to get some of these supportive services paid for in advance.

CHILD CARE

CalWORKs can pay for part or all of your child care. You can get paid child care while you look for a job, work, or take part in other approved CalWORKs activities, such as training or county meetings. Your child care will be paid to the eligible child care provider that you choose.

If you are looking for work, working, in a training program, or taking part in a county approved activity, you can get paid child care for the entire time you are on cash aid. Even if you stop participating in your WTW activity, you can get child care for 12 months. After you go off cash aid, you can keep getting child care for up to 24 months, as long as you are below a certain income level.

After you have received 24 months of child care, you may continue to get child care if funding is available and your family remains eligible. The county or the local Alternative Payment Program agency will help you to find additional services.

JOB RETENTION SERVICES

Some counties provide job retention services for eligible former recipients, as part of the CalWORKs program. Job retention services can be case management, transportation, or other services that help you keep a job or get a better job. Ask your worker what services your county can give you. Months you get job retention services do not count against the CalWORKs 60-month time limit, and do not count against the Federal limit as long as you are employed.

You may get job retention services for up to 12 months IF:

- You got CalWORKs AND
- You went off cash aid because you got a job OR
- You went off cash aid and you got a job within 12 months.

HEALTH COVERAGE IS IMPORTANT FOR YOU AND YOUR FAMILY

Your health coverage may continue when your CalWORKs cash aid stops.

- Depending on the reason your cash aid stops, you and your child(ren) may be eligible for continued no-cost or low-cost health coverage under Medi-Cal.

EARNED INCOME TAX CREDIT

The federal Earned Income Tax Credit (EITC) is a special tax break for people who work full or part time. This means extra cash in your pocket. Claiming your EITC is easy. Just file your tax return form 1040 or 1040A and Schedule EIC. You can still get an EITC refund even if you do not owe any income tax.

The EITC refund is not counted as income when your CalWORKs cash grant, CalFresh, or Medi-Cal benefits are figured.

You can get the EITC refund going back three years if you filed your income tax but did not claim your EITC. You just need to turn in an amended income tax return. There is no late penalty for those earlier years.

You can get free tax help from Volunteer Income Tax Assistance (VITA) sites. For a VITA site near you, or other tax information, call the IRS at 1-800-906-9887.

FEDERAL AND STATE 60-MONTH TIME LIMITS

As of May 1, 2022, a parent or caretaker relative can only get CalWORKs cash aid for up to a lifetime total of 60 months. Cash aid received from CalWORKs, Tribal TANF and/or from any other state counts toward the 60-month limit.

- There are times when you can get aid past 60-months. Some of these exceptions are:
 - The limit does not apply to children.
 - A month on cash aid does not count toward the 60-month time limit when the person is:
 - ✓ Age 60 or older.
 - ✓ Exempt from taking part in Welfare-to-Work activities for certain reasons.
 - ✓ Disabled for 30 days or more.
 - ✓ And other reasons your worker can tell you.
- Other states may have different rules for the 60-month time limit.

CALWORKS 60-MONTH TIME LIMIT



CalWORKs 60-MONTH TIME LIMIT ON AID

Beginning May 1, 2022, an aided adult (parent, stepparent, and/or caretaker relative) can only get 60 months (5 years) of cash aid from the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This includes cash aid you got from California and other states' Federal Temporary Assistance for Needy Families (TANF) Programs.

The 60-month time limit does NOT apply to:

- Children
- Child Care
- Medi-Cal Benefits
- CalFresh Benefits
- Aid that you got from California or another state under the Aid to Families with Dependent Children (AFDC) Program before January 1, 1998.

FACTS YOU SHOULD KNOW ABOUT THE CalWORKs 60-MONTH TIME LIMIT

Time Limit Exemptions - “Clock Stoppers”

A month on cash aid does not count toward your CalWORKs 60-month time limit if at any time during that month **you are**:

- Disabled (*You must have medical proof of a disability that is expected to last at least 30 days.*)
- 60 years or older.
- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- Caring for a dependent child of the court or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- A victim of domestic abuse and the county waives the 60-month time limit.
- Living in Indian Country, as defined by federal law, or an Alaskan native village, in which at least 50 percent of the adults are unemployed.
- Granted an exemption from participation and the cash aid time limit based on caring for a child who is 0-23 months of age. (*This exemption is only available once.*)

More “Clock Stoppers” to the CalWORKs 60-Month Time Limit

A month does **not** count if:

- You did not get CalWORKs cash aid for yourself because your grant was less than \$10, you were sanctioned, or you were not eligible for any other reason.
- Your cash grant is fully repaid by child support collection.
- You are off cash aid, employed and only getting supportive services such as child care, transportation, or case management.

For more information regarding time limits, see back page.

Time Limit Exceptions -“Time Extenders”

You may be able to get more cash aid after 60 months if **all** aided parents, stepparents, and/or caretaker relatives in the home are in one of the following situations:

- Caring for an ill or incapacitated person living in your home, which impairs you from working or participating in welfare-to-work activities.
- 60 years or older.
- Caring for a dependent child of the court, or a child at risk of placement in foster care, which impairs you from working or participating in welfare-to-work activities.
- Evaluated by the county and are found to be unable to maintain work or take part in welfare-to-work activities. This exception only applies when the adult has a history of cooperating with welfare-to-work rules.
- Not in the assistance unit (AU) for any reason other than reaching the 60-month time limit.
- Disabled and receiving certain types of disability benefits and the disability impairs you from working or participating in welfare-to-work activities. The benefits that qualify for this are: State Disability Insurance, Worker’s Compensation Temporary Disability Insurance, In-Home Supportive Services, or State Supplementary Program benefits.
- If only one adult in the home meets an extender, you won’t be eligible for extended cash aid. All adults must meet one of these extenders, but each one can meet a different one.

CalWORKs 60-Month Time Limit Waiver for Extending Aid

If you are a victim of domestic abuse and the county determines that your condition or situation impairs your ability to work or to participate in welfare-to-work activities, the county may waive the 60-month time limit, and you can get more than 60 months of aid. All adults in the home do not need to meet an extender for an individual to receive a domestic violence waiver.

Request for Exemption or Extender

If you think you meet the rules for an exemption or extender, contact your worker. You may also contact your worker to find out how many months of aid you used.

Choosing to Leave Cash Aid

If your family is getting only a small amount of monthly cash aid, you may choose to go off aid so that the months will not count against your CalWORKs 60-month time limit. This **will** save you some months for cash aid in the future. You should contact your worker to find out if going off aid will be helpful to you.

Diversion

There are special time limit rules for diversion. Diversion is a lump sum payment you can get instead of getting monthly cash aid. The month that you get the diversion payment counts as one month toward the CalWORKs 60-month time limit, unless you reapply and get cash aid during the diversion period. In that case, you may choose to have all the months in the diversion period counted toward the 60-month time limit, or to repay the diversion payment by reducing your monthly cash grant.

RULES FOR OTHER STATES

Other states have different time limit rules. If you got TANF aid in another state -or if you plan to move to another state -you must contact that state to find out about its time limit requirements.

CalWORKs EXEMPTION REQUEST FORM*Please Print*

Your Name		COUNTY USE ONLY	
Address	Street	Case Name	
City	Zip	Case No.	
Phone		County	Other I.D. No.
QUESTIONS? ASK YOUR WORKER.		Worker Name	Worker Phone No.

Most adults can only get 60 months (5 years) of cash aid from the CalWORKs program. Unless exempt, an individual must participate in CalWORKs Welfare-to-Work activities as a condition for receiving aid.

INSTRUCTIONS TO THE CLIENT:

If you answer "Yes" to any of these questions, you may be exempt for a month or longer from the CalWORKs 60-month time limit and/or Welfare-to-Work participation. You may need to give information to help the county decide if you should be exempt. Please answer all of the questions.

The county cannot answer these questions for you. Please be sure to sign and date the back of this form.

YES NO Welfare-to-Work Participation**Exemptions**

- ☐ ☐ 1. Are you pregnant and does a doctor state that you cannot work or participate in Welfare-to-Work activities for:
- 20 hours per week if you are a single-adult assistance unit with a child under 6 years old.
 - 30 hours per week if you are a single-adult assistance unit with no child(ren) under 6 years old.
 - 35 hours per week if you are a two-parent assistance unit.
- ☐ ☐ 2. Are you the parent or caretaker of a child age _____ or under? (Depending on the County, you maybe exempt if your child is 12 weeks old or under, 6 months old or under, or 12 months old or under.) This exemption is available only once in a lifetime.
- ☐ ☐ 3. If you have used exemption #2, have you recently become the parent or caretaker of another infant?
- ☐ ☐ 4. Are you a full time volunteer in the Volunteers in Service to America (VISTA) Program?

YES NO **CalWORKs 60-Month Time Limit and Welfare-to- Work Participation Exemptions**

- ☐ ☐ 5. Are you a 16 or 17-year old who has a high school diploma or its equivalent and is enrolled or planning to enroll in an educational, vocational or technical school training program?
- ☐ ☐ 6. Are you physically or mentally unable to work or participate in a Welfare-to-Work activity on a regular basis for at least 30 calendar days for at least:
- 20 hours per week if you are a single-adult assistance unit with a child under 6 years old.
 - 30 hours per week if you are a single-adult assistance unit with no child(ren) under 6 years old.
 - 35 hours per week if you are a two-parent assistance unit.
- ☐ ☐ 7. Are you the nonparent caretaker of a child who is a dependent or ward of the court, or at risk of being placed in foster care?
- ☐ ☐ 8. Do you need to stay home to take care of someone in the household who cannot take care of him/herself, (the person is ill, disabled, etc.) and this makes it hard for you to work or participate in a Welfare-to-Work activity?
- ☐ ☐ 9. Are you eligible for, participating in, or exempt from Cal-Learn? You are not eligible for this exemption if you are 19 years old and are not participating in Cal-Learn as a volunteer.
- ☐ ☐ 10. Are you living in Indian Country, as defined by federal law, in which 50 percent of the adults are unemployed? (This exemption applies only to the 60-month time limit, but not to Welfare-to-Work participation.)
- ☐ ☐ 11. Are you the parent or caretaker of a child age 0 - 23 months? This exemption is available **only once** in a lifetime starting 1/1/2013. You can take it now if it applies or save it in case you have another child.

PLEASE READ PAGE THREE TO FIND OUT ABOUT MORE EXEMPTIONS.

Welfare-to-Work Participation Exemptions

You will not be required to participate in the Welfare-to-Work program if any of the reasons below apply to you.

- You are under 16 years old.
- You are 16, 17, or 18 years old and in high school or adult school.
- You are 60 years or older.

You do NOT have to return this form for these exemptions.

CalWORKs 60-Month Time Limit Exemptions

A month of aid will not count against your CalWORKs 60-month time limit if any of the reasons listed below apply to you.

- You did not receive CalWORKs cash aid because your grant was less than \$10. This may not apply if your grant is being reduced because of a penalty or past overpayment.
- Your cash grant is fully repaid by child support collection.
- You are only receiving supportive services such as child care, transportation, and case management.
- You are 60 years or older.

You do NOT have to request these exemptions on this form. You may contact your worker if any of these reasons apply to you.

CalWORKs Domestic Abuse Waivers

If you or a family member are a past or present victim of domestic abuse and the county determines that your condition or situation prevents or impairs your ability to be regularly employed or to participate in Welfare-to-Work activities, the county may waive the CalWORKs 60-month time limit and Welfare-to-Work participation. You do not have to complete this form to get a waiver to the time limits. Instead, you can ask the county for a domestic abuse waiver.

What Happens Next

- You will be told in writing whether or not you are exempt from the CalWORKs 60-month time limit, and/or Welfare-to-Work participation, and the reason why.
- You may be asked to give the county proof of your reason for requesting an exemption.
- If you do not agree with the county, you may ask for a State Hearing.
- Depending on your situation, you may be evaluated each month to determine if you should continue to be exempt.

Signature	Date
-----------	------

CalWORKs EXEMPTION DETERMINATION

		Case Name	
		Case No.	
		County	Other I.D. No.
		Worker Name	

On _____, _____ asked for an exemption.
(Date) (Name)

The county determined:

A. WELFARE-TO-WORK PARTICIPATION EXEMPTION

1. This exemption is APPROVED. Reason for exemption: _____

Starting on _____, you are not required to participate in Welfare-to-Work. Your
(Date)
exemption will end on _____.
(Date)

If you want your exemption to continue after this end date, you must give the county information to show that it should continue before this date, or you will need to participate in Welfare-to-Work.

You can ask to volunteer to participate in Welfare-to-Work and will be told what activities and/or services are available.

The county may look at your condition again to see if you should continue to be exempt. If you are no longer exempt, you will need to participate in Welfare-to-Work.

2. This exemption is DENIED. Reason for denial: _____

You need to participate in Welfare-to-Work. You will get a notice from the county telling you when to attend Welfare-to-Work activities and/or services.

B. CalWORKs 60-MONTH TIME LIMIT EXEMPTION

1. This exemption is APPROVED. Reason for exemption: _____

Starting on _____, each month of aid for the period that your condition or
(Date)
circumstance lasts will not count toward your CalWORKs 60-month time limit. Your exemption
will end on _____.
(Date)

If you want your exemption to continue after this date, you must give the county information to show that it should continue before the ending date on page 1, or each month of aid will count toward your 60-month time limit.

The county may look at your condition again to see if you should continue to be exempt. If you are no longer exempt, each month of aid will count toward your CalWORKs 60-month time limit.

2. This exemption is DENIED. Reason for denial: _____

Each month of aid will continue to count toward your CalWORKs 60-month time limit.

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.

Rules: These rules apply; you may review them at your welfare office: ACL NO. 20-113 and Assembly Bill 79 (Chapter 11, Statutes of 2020).

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:	Cash Aid	CalFresh
	Child Care	

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.

- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members:

The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County
about my: Cash Aid CalFresh Medi-Cal Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

Name		Phone Number	
Street Address	City	State	Zip Code

COUNTY OF

(Addressee)

State Hearing: If you think this action is wrong, you can ask for a hearing. Pages two and three tell how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Page 1 of 3

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:	Cash Aid	CalFresh
	Child Care	

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.

- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members:

The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

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- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County
about my: Cash Aid CalFresh Medi-Cal Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

Name		Phone Number	
Street Address	City	State	Zip Code

CalWORKs 60-MONTH TIME LIMIT EXTENDER REQUEST FORM

Your Name		COUNTY USE ONLY	
Street Address		County	
City	Zip	Case Name	
Phone		Case No.	Other ID No.
QUESTIONS? ASK YOUR WORKER.		Worker Name	

Beginning May 1, 2022, most adults cannot get aid for more than a total of 60 months (5 years) from the CalWORKs program. (This includes aid you got from other states' and tribal governments' Federal Temporary Assistance for Needy Families (TANF) and Tribal TANF Programs on and after January 1, 1998.) However, aid can be paid beyond the CalWORKs 60-month time limit, if **you** and **all** parents, aided stepparents, and/or caretaker relatives in the home meet one of the conditions listed below.

If you answer "Yes" to any of these questions, you may be eligible for an extender. Please answer all the questions. If you need help with this form contact the county, but the county cannot complete this form for you. **Please be sure to sign and date the back of this form.** You may need to send more information to help the county decide if you can be extended on aid.

YES NO CalWORKs 60-MONTH TIME LIMIT EXTENDERS

- ☐ ☐ Are you staying at home to take care of someone in the household who cannot take care of themselves, which impairs you from working or participating in welfare-to-work activities?
- ☐ ☐ Are you the nonparent caretaker relative of a child who is a dependent or ward of the court in foster care, or at risk of being placed in foster care?
- ☐ ☐ Are you getting benefits from State Disability Insurance (SDI), Worker's Compensation Temporary Disability Insurance (TDI), In-Home Supportive Services (IHSS), or the State Supplemental Program (SSP) and are you unable to work or to participate in a welfare-to-work activity on a regular basis?
- ☐ ☐ Although you are not getting disability benefits, is a physical or mental problem keeping you from working or participating in welfare-to-work activities for 20 or more hours per week?
- ☐ ☐ Are you able to work or take part in welfare-to-work activities for 20 or more hours per week even though you have a physical or mental problem, because you get help with the problem? For example, you receive counseling, treatment, or special tutoring to enable you to cope with the problem. Otherwise the problem would keep you from working or participating in welfare-to-work activities.

(The county will review your past and current records to determine if you qualify for this extender. Aid may be extended if you worked or participated in welfare-to-work in the past.)

PLEASE READ AND SIGN THE BACK OF THIS FORM.

CalWORKs 60-MONTH TIME LIMIT EXTENDER FOR ADVANCED AGE - If you are 60 years of age or older, you may contact your worker to ask for an extender for advanced age. You do not have to complete this form to ask for the extender.

OTHER AIDED ADULTS IN THE HOME - All other parents, aided stepparents, and/or caretaker relatives in your home must also qualify for an extender in order for you to be extended on aid. They must complete a separate request form. Your aid can be extended if the other adult(s) is not in your assistance unit and has not received aid for 60 months.

CalWORKs 60-MONTH TIME LIMIT WAIVER - If you are a victim of domestic abuse and the county determines that your condition or situation prevents or impairs your ability to be regularly employed or take part in welfare-to-work activities, the county may waive the 60-month time limit, so you can get aid. You do not have to complete this form to get a domestic abuse waiver or extender to the time limits. Instead, you can contact your worker to request a domestic abuse waiver.

What Happens Next

1. The county will tell you if you can get your aid extended and the reason why.
2. The county can ask you for proof of the reason you are asking for an extender.
3. If you do not agree with the county, you may ask for a State hearing.
4. The county can evaluate your condition again to decide if you can continue to get your aid extended.

Your Signature	Date
----------------	------

**CALWORKS 60-MONTH TIME LIMIT
EXTENDER DETERMINATION FORM**

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number : _____
Address : _____

(Addressee)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Pages two and three tell how. Your benefits may not be changed if you ask for a hearing before this action takes place.

On _____, _____ asked for a 60-month time limit extender.
(Date) (Name)

Based on the facts in your case, the county determined:

1. ☐ The 60-month time limit extender is **APPROVED**. The county has found that you qualify for a time limit extender at this time. If you are currently getting cash aid, your aid will not end due to time limits. If you are not currently getting cash aid, you will get a separate notice about your eligibility and any changes to your grant amount.

Starting on _____, your CalWORKs 60-month time limit will be extended and you will continue to get aid. Your extender will end on _____.

Tell the county if the condition extending your CalWORKs 60-month time limit changes.

Reason for Approval: _____

2. ☐ The 60-month time limit extender is **DENIED**. You do **not** qualify for a time limit extender at this time and will not be aided. If your condition changes, call your worker to ask for a time limit extender.

Reason for Denial: _____

Rules: These rules apply; you may review them at your welfare office: MPP 42-302.11, MPP 42-302.3, ACL NO. 20-113 and Assembly Bill 79 (Chapter 11, Statutes of 2020)

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:	Cash Aid	CalFresh
	Child Care	

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

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If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.

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Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

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Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County
about my: Cash Aid CalFresh Medi-Cal Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

Name		Phone Number	
Street Address	City	State	Zip Code

TIME ON AID VERIFICATION FOR CALWORKS/TANF 60-MONTH TIME LIMITS

Name:	SSN:	County:
Case Name:	Case Number:	Date Completed Form:

Counties are required to verify a recipient's time on aid information. If you are unable to verify the WDTIP information, you must complete the tables to show the months that counted toward the CalWORKs and TANF 60-month time limits. (Please indicate "Y" for Yes or "N" for No in each box.) Include copies of all time on aid NOAs with this form.

If the WDTIP information has been reviewed and is accurate, please complete the following box and provide the name of the person who verified the information. You need **not** complete the tables. However, you must include copies of all time on aid NOAs with this form.

WDTIP VERIFICATION

Time on aid information in WDTIP has been reviewed and is accurate.

WDTIP information verified by: _____ Signature: _____

Phone number: _____ Date: _____

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support Repaid												
Extender												
OP Repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support Repaid												
Extender												
OP Repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support Repaid												
Extender												
OP Repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support Repaid												
Extender												
OP Repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support Repaid												
Extender												
OP Repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

Year _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support Repaid												
Extender												
OP Repaid												
Number of exempt months:	TANF _____		CalWORKs _____									
Number of counted months:	TANF _____		CalWORKs _____									

VERIFICATION OF TIME LIMIT INFORMATION

The time on aid information provided on this form has been verified by:	Signature:
Contact Person:	Phone Number:
E-mail Address:	Address:

TRACKING NON-CALIFORNIA TANF ASSISTANCE FOR TIME LIMITS

If an individual receives federal TANF aid outside of California, counties are required to request specific information from the other states, U.S. territories, and/or Tribal TANF programs in order to adjust both the federal TANF 60-month and CalWORKs 60-month time clocks in California. It is also necessary for this information to be entered into the WDTIP system for tracking the aggregate time on aid.

Individual's Name	
Case Name	Case #
Worker #	Requesting County

- For the **federal TANF clock**, counties will track months of assistance from the date the recipient received TANF assistance in another state, U.S. territory, and/or Tribal TANF program.
- For the **state CalWORKs clock**, counties must track TANF assistance received in other states on or after January 1, 1998.

TANF-Funded Aid Received in Other State/U.S.Territory/Tribal TANF Programs	What period of time did the recipient receive the TANF assistance?	
State/U.S. Territory/Tribal TANF Program:	Start Date	End Date
1. County/City:	1. Start Date	End Date
Case Worker: Phone Number:	Start Date	End Date
State/U.S. Territory/Tribal TANF Program:	Start Date	End Date
2. County/City:	2. Start Date	End Date
Case Worker: Phone Number:	Start Date	End Date
State/U.S. Territory/Tribal TANF Program:	Start Date	End Date
3. County/City:	3. Start Date	End Date
Case Worker: Phone Number:	Start Date	End Date

Time Limit Exemptions

In recording months of aid received outside of California, counties must ask about the following exemptions to the TANF 60-month time limit. If the answer is "Yes", the county must exempt the month(s) from both the TANF and CalWORKs time clocks.

Did the individual receive TANF aid as a minor non-head of household or spouse of non-head of household?

☐ Yes Start Date: _____ End Date: _____
☐ No

Did the individual live in Indian country, as defined by federal law, or an Alaskan native village with at least 50 percent unemployment?

☐ Yes Start Date: _____ End Date: _____
☐ No

Information Provided By - Worker name	Worker Number
Signature	Date

**FAMILY STABILIZATION PROGRAM
DENIAL NOTICE**

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number : _____
Address : _____

(Addressee)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Pages two and three tell you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

On _____, _____ requested help through the Family
(Date) (Name)

Stabilization Program.

Based on the facts in your case, the county made the following decision:

Your request for Family Stabilization services is **DENIED**. At this time your situation does not meet the criteria for Family Stabilization. Your case worker may be able to provide assistance with your current situation through other services. Please contact your case worker at the number above to discuss your situation. There are reasons you may not have to participate in Welfare-to-Work activities (exemptions), or reasons that you may be excused from participating for a short time (good cause). For example, these reasons may include taking care of a sick household member. If you are not already exempt but think you should be, please contact your case worker right away.

Reason for Denial:

- ☐ There isn't anyone required to participate in Welfare-to-Work.
- ☐ The county does not have Family Stabilization services available that fit your need.
- ☐ Your crisis does not meet your county's Family Stabilization program plan based on the information you gave us.
- ☐ Other _____

Rules: The following rules apply and you may review them at your welfare office: Assembly Bill (AB) 7 4 (Chapter 21, Statutes of 2013); Welfare & Institutions (W&I) Code Section 11325.24.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:	Cash Aid	CalFresh
	Child Care	

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.

- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members:

The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County
about my: Cash Aid CalFresh Medi-Cal Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

Name		Phone Number	
Street Address	City	State	Zip Code

**NOTICE OF ACTION
60-MONTH TIME LIMIT**

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number : _____
Address : _____

(Addressee)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Pages two and three tell how. Your benefits may not be changed if you ask for a hearing before this action takes place.

**CONTACT YOUR WORKER RIGHT AWAY IF
YOU DISAGREE WITH THE INFORMATION
ON THIS NOTICE.**

- If you and the county worker cannot reach an agreement, you must ask for a hearing within 90 days from the date of this notice.
- If you do not request a hearing, you may not get another chance to change the number of months shown on this notice for your 60-month time limit on aid.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office: Assembly Bill 79 (Chapter 11, Statutes of 2020).

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop:	Cash Aid	CalFresh
	Child Care	

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

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Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members:

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Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
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HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County
about my: Cash Aid CalFresh Medi-Cal Other (list) _____

Here's Why: _____

If you need more space, check here and add a page.

I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

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Name		Phone Number	
Street Address	City	State	Zip Code

NOTICE OF ACTION

60-MONTH TIME LIMIT (Continued)

ADULT REACHED CALWORKS 60-MONTH TIME LIMIT

COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- Net Countable Income** = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Subtotal** (if negative, enter 0) = _____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Penalized Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
- 8. Full Month Aid Subtotal** (Lowest Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments:
 - 25% Child Support Penalty(ies) - _____
 - Other Penalties - _____
 - Overpayment - _____
 - Cal-Learn Penalties - _____
 - School Bonus (\$100 or \$500) + _____
- 11. Monthly Cash Aid Amount** (Line 8 or 9 Adjusted) \$ _____

EXEMPT MONTHS

The following _____ months did not count
toward your CalWORKs 60-month time limit:

Year _____ - ☐ Jan ☐ Feb ☐ Mar
 ☐ Apr ☐ May ☐ June
 ☐ July ☐ Aug ☐ Sept
 ☐ Oct ☐ Nov ☐ Dec

Year _____ - ☐ Jan ☐ Feb ☐ Mar
 ☐ Apr ☐ May ☐ June
 ☐ July ☐ Aug ☐ Sept
 ☐ Oct ☐ Nov ☐ Dec

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If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh
☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
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OTHER INFORMATION

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HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my: ☐ Cash Aid ☐ CalFresh ☐ Medi-Cal ☐ Other (list) _____

Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

Name		Phone Number	
Street Address	City	State	Zip Code

NOTICE OF ACTION

60-MONTH TIME LIMIT (Continued)

ADULT REACHED CALWORKS 60-MONTH TIME LIMIT - DISCONTINUE

COUNTY OF _____

Notice Date : _____
 Case Name : _____
 Case Number : _____

Section A. Net Countable Income, Month of _____

1. Self-Employment Income \$ _____
2. Self-Employment Expenses:
 - a. 40% Standard - _____
 - OR
 - b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$550 DBI Disregard (if #4 is greater than \$550) - _____
6. Nonexempt Unearned Disability-Based Income = _____
OR
7. Unused DBI Disregard = _____
8. Net Earnings from Self-Employment (from above) + _____
9. Total Other Earned Income + _____
10. Unused Amount of \$550 (from #7) - _____
- 11. Subtotal** = _____
12. Earned Income Disregard 50% - _____
- 13. Subtotal** = _____
14. Nonexempt Unearned Disability-Based Income (from #6) + _____
- 15. Subtotal** = _____
16. Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
17. Child Support collected by County + _____

Section B. Net Countable Income = _____

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) \$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members) + _____
3. Net Countable Income from Section A - _____
- 4. Maximum Aid Payment** = _____

EXEMPT MONTHS

The following _____ months did not count toward your CalWORKs 60-month time limit:

Year _____ - ☐ Jan ☐ Feb ☐ Mar
☐ Apr ☐ May ☐ June
☐ July ☐ Aug ☐ Sept
☐ Oct ☐ Nov ☐ Dec

Year _____ - ☐ Jan ☐ Feb ☐ Mar
☐ Apr ☐ May ☐ June
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Yes, lower or stop: ☐ Cash Aid ☐ CalFresh
☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

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Here's Why: _____

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

Name of Person Whose Benefits Were Denied, Changed or Stopped		Date of Birth	Phone Number
Street Address	City	State	Zip Code
Signature			Date
Name of Person Completing This Form			Phone Number

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

Name		Phone Number	
Street Address	City	State	Zip Code

**Asylees
are eligible
for public
assistance
benefits and
social services
starting on
the date
their asylum
application is
approved.**

**Proposed
public charge
changes do
NOT impact
Asylees.**



STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

PUB 370 (1/21)

Public Assistance Benefits for Asylees in California

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES



REFUGEE PROGRAMS BUREAU

744 P Street, MS 9-6-646
Sacramento, CA 95814
(916) 654-4356
(916) 654-7187 (Fax)
e-mail: RPB@dss.ca.gov
www.cdss.ca.gov/refugees

Eligibility

You may be eligible for benefits if you have received final approval of your asylum application from:

- The U. S. Citizenship and Immigration Services (USCIS) Asylum Office;
- An Immigration Judge; or
- The Board of Immigration Appeals (BIA)

To show eligibility for benefits, you will need one of the following:

- I-94 Card stamped with "Asylum Approved"
- Approval letter from the USCIS Asylum Office, or
- A court order granting asylum

Benefits

Social Services

- Refugee Cash Assistance (RCA)
- Refugee Employment Services (e.g. job preparation, job placement, English language classes)
- CalWORKs, CalFresh, Medi-Cal, and other Social Services



Health Services

www.cdph.ca.gov/RefugeeHealth

Refugee Medical Assistance

- Health assessments and physical examinations performed by a Licensed Health Care Provider
- Interpreters and culturally sensitive staff are provided
- Immunizations that will assist in obtaining lawful permanent resident status (greencard)



Time Limit

Asylees may be eligible for:

- RCA for up to 8 months;
- CalWORKs for up to 60 months; and
- Refugee Employment Services for up to 60 months

For more information, contact your local county welfare office or to apply online, please visit:

www.benefitscal.org

For help with your immigration case locate an immigration service provider at:

www.cdss.ca.gov/ImmigrationContractors

Additional resources may be found at:

www.ImmigrantGuide.ca.gov

WELFARE -TO-WORK PROGRAM NOTICE

Tell the county if you need help reading or understanding this notice.

WHAT WELFARE-TO-WORK MEANS TO YOU

- The Welfare-to-Work program can teach, train and counsel you to help you find a job.
- Some of the things Welfare-to-Work can do for you are:
 - Help you look for a job.
 - Help you with educational or vocational/on-the-job training and teach you basic reading, math and English.
 - Help you get work experience.
 - Counseling for you or your family if needed.
- There is a 60-month time limit.
- You have many choices of activities you can participate in during time on aid.
- Welfare-to-Work will help you arrange and pay for necessary supportive services you need to participate in your activities. This includes child care, transportation, and other costs such as special tools or clothing you need to get a job. You can get advance payments if you ask for them, so you won't have to use your cash aid to pay for necessary supportive services.
- Welfare-to-Work will tell you about the available kinds of child care and where to find child care.

WHEN YOU MUST BE IN WELFARE-TO-WORK

- You must be in Welfare-to-Work if you get cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) program and you are not excused (exempt) from participating.
- You don't have to be in Welfare-to-Work if you are exempt. You are exempt if you are:
 - Under 16 years old or 60 years old or older.
 - 16, 17 or 18 years old and in high school or adult school full time unless you go to school as part of your Welfare-to-Work plan.
 - The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
 - Physically or mentally unable to work or participate in a Welfare-to-Work activity on a regular basis for at least 30 calendar days.
 - A parent or caretaker of one child from birth to 23 months, inclusive. **This exemption is available only once.**
 - A parent or caretaker relative of a child 6 months old or under (depending on the county this may go up to 12 months). **This exemption is available only once.**
 - A parent or caretaker relative of a child 12 weeks old or under (depending on the county this may go up to 6 months). Ask your worker how young your child has to be for you to be exempt.
 - Pregnant and a doctor states that you cannot work or participate in Welfare-to-Work activities

or the county determines that participation will not readily lead to employment or that a training activity is not appropriate.

- Staying home to take care of someone in the household who cannot take care of him/herself. (The person is ill, disabled, etc.) and this keeps you from working or participating in Welfare-to-Work.
- If you are a pregnant or parenting teen in the Cal-Learn program, or if you got a high school diploma or its equivalent while in the Cal-Learn program, some exemptions above may not apply to you. Contact your eligibility worker or Cal-Learn case manager.
- If two parents are aided, and one parent does all required hours, the second parent is excused from participating.
- If you believe that you should be exempt from participating, you should ask your worker to give you a form (CW 2186A) to use to make your request to be exempt from Welfare-to-Work. You will be told by the county whether you can be exempt from Welfare-to-Work or are required to participate. Even if you don't have to be in Welfare-to-Work, you can ask to participate and you will be told if you can.
- If you are not exempt from Welfare-to-Work, you may be required to go to Welfare-to-Work. If you are required to go, you will get a notice that tells you when your first appointment will be.

IF YOU DO NOT DO WHAT WELFARE-TO-WORK REQUIRES

- If you are required to be in Welfare-to-Work:
 - You will have a chance to say why you did not do what you were required to do.
 - If you do not have a good reason, and you will not do what Welfare-to-Work requires to fix the problem, your cash aid will be lowered.
- If you are not required to be in Welfare-to-Work, but you volunteer to do Welfare-to-Work activities:
 - You will have a chance to say why you did not do what was asked.
 - If you volunteer to do Welfare-to-Work activities but do not participate, without good cause, and you are not willing to do what Welfare-to-Work requires to fix the problem, your cash aid will not be lowered, but you may not be allowed back as a volunteer in Welfare-to-Work right away.

When you get a job and go off aid, the county may be able to continue to pay for necessary supportive services for up to the first 12 months after you have started a job if you need the services to keep your job and you cannot get the necessary supportive services costs from somewhere else. You may also be able to get up to two years of child care services after leaving aid. You may also be able to get transitional Medi-Cal for 12 months.

You have the right to ask at any time for services like child care, transportation, or other services provided by Welfare-to-Work. You may ask your worker by phone or in person, or you may ask in writing.

You have the right to ask for a state hearing if you disagree with any of the decisions made by the county about participating in Welfare-to-Work.

WELFARE TO WORK NONCOMPLIANCE CHECKLIST TOOL

1. Is the CalWORKs recipient either a required Welfare to Work (WTW) participant or an exempt volunteer?

☐ Yes

If **Yes**, continue.

☐ No

If **No**, stop. Non-compliance is not applicable.

NOTE: The noncompliance checklist tool may be used for exempt volunteers. However, recipients who are exempt or participating voluntarily are not “required,” and sanctions would not apply in their case. If an exempt volunteer engages in conduct that would bring about the sanction procedures, the individual shall not be given priority over other participants actively seeking to participate per MPP 42-721.421. Refer to MPP sections 42-721.2 and 42-721.4 respectively for detailed instructions on the non-compliance process and sanctions.

2. Has the recipient failed to do one of the following?

- a. Sign a WTW plan that was offered to the participant;
- b. Participate in an assigned WTW activity, including a Self-Initiated Program (SIP);
- c. Provide required proof of satisfactory progress in any assigned WTW activity, including a SIP;
- d. Accept or continue employment; or
- e. Continue employment at the same level of earnings.

☐ Yes

If **Yes**, continue.

☐ No

If **No**, stop. There is no sanction/remove from aid.

NOTE: Please refer to MPP 42-721.22 for regulatory guidance. MPP sections 42-711.642 through 42-711.645 expand on participation requirements to maintain satisfactory progress in assigned activities.

3. The following documents must be sent out in the recipient’s preferred language when the recipient becomes non-compliant. If the notices are not available in the recipient’s preferred language, the English version should be sent concurrently with a Notice of Language Services. If the recipient’s preferred language is not included in the Notice of Language Services, the county must explain how it will provide oral interpretations of these documents.

☐ NA 840: Notice of Action-Welfare to Work Plan, or

☐ NA 841: Notice of Action-Welfare to Work Plan (for exempt volunteers), or

☐ NA 845: Notice of Action-Sanction & Removal of The Other Parent’s Needs, and

☐ WTW 27: Request for Good Cause Determination, and

☐ WTW 4: Notice to Other Parent (if applicable)

NOTE: The WTW 27 is not intended to take the place of a face-to-face meeting or phone interview to discuss non-participation. The recipient may complete and bring the WTW 27 to an in-person meeting, or may mail the form to the county worker prior to meeting. The WTW 4 is intended to be sent out for a two-parent assistance unit when the other parent is not already sanctioned, exempt, or timed out. For two parent assistance units in noncompliance, please refer to MPP 42-721.45.

Proceed to #6 below if the recipient does not respond to the county’s notice of noncompliance.

4. Does the recipient meet the criteria for Good Cause?☐ Yes

If **Yes**, stop. There is no sanction/
remove from aid.

☐ No

If **No**, continue.

NOTE: Recipients shall be excused from WTW participation for good cause in accordance with MPP 42.713. The WTW 26 (Good Cause Determination Guidelines) is a recommended form to assist county staff in determining good cause. Refer to MPP 42-721.3 for further guidance.

The county must make a good cause determination based on the evidence available to the county, including the information on the completed WTW 27. This includes determining whether required supportive services were offered or provided upon request. If good cause exists, the NA 840A must be sent and no sanction imposed.

5. Does the recipient meet the criteria for a WTW Exemption or Domestic Violence Waiver?

Review the exemptions list and the CalWORKs Domestic Abuse Waivers on the CW 2186A (Exemption Request Form) with the recipient.

☐ Yes

If **Yes**, stop. There is no sanction/
remove from aid.

☐ No

If **No**, continue.

NOTE: Exemption criteria may be found under MPP 42-712.4. The CW 2186A form and CalWORKs time clock exemptions are addressed in ACL 13-01. ACL 15-08 provides guidance around disability exemptions, including use of the Authorization to Release Medical Information (CW 61). Note that the disability exemption forms are in the process of being revised.

6. Did the recipient agree to sign the WTW 32 within the 20-day deadline?☐ Yes

If **Yes**, continue.

☐ No

If **No** and no good cause is established,
sanction/remove from aid applies the first of
the month following.

NOTE: At this point, an NA 840A must be sent out to the recipient. It is at county discretion whether to extend the 20-day deadline for signing the WTW 32. Additionally, a compliance plan may be completed either face-to-face, or by phone and then mailed to the recipient for signature. Please refer to MPP 42-721.27 for further guidance.

7. Did the recipient comply with the WTW 32 Compliance Plan?☐ Yes

If **Yes**, stop. There is no sanction/
remove from aid.

☐ No

If **No**, begin sanction. Continue to #8.

8. The following forms are sent out in the recipient's preferred language when the recipient is Sanctioned or Removed from Aid.

- ☐ NA 817: Notice of Action-Sanction of Participant After Failed Compliance Plan, or
- ☐ NA 816: Notice of Action-Sanction of Other Parent After Failed Compliance, or
- ☐ NA 818: Notice of Action-Taking You Out of Welfare to Work (for exempt volunteers)

Counties are encouraged to send out the WTW 31 with the above forms to assist the sanctioned/removed from aid recipient in restoring their cash aid.

- ☐ WTW 31: Request to Meet Welfare to Work Rules to Get My Cash Aid Back

NOTE: County is encouraged to actively engage with sanctioned/removed from aid recipient(s) to remove barriers and help them cure their sanction(s). Supportive services must be provided in advance of activities outlined in the sanction cure plan in accordance with MPP 42-750.11.

For further guidance on the sanction curing process please refer to both MPP 42-721.48 and ACL 07-04. Additionally, ACIN I-93-17 highlights promising reengagement practices and strategies.

State of California
Department of Social Services

Auto ID No.: D0302A
Source:
Issued by: ACL 14-88

Reg Cite: 40-107(a)(4), 42-302, 42-302.21, 42-712 and All County Letter No. 20-113

Page 1 of 2
Noa Msg Doc No.: M40-107a
Action: Other
Issue: CalWORKs 60-Month Time Limit
Title: Time On Aid (no previous NOA issued)

Use Form No.: NA 530
Original Date: 03-01-02
Revision Date: 04-01-21

MESSAGE:

As of _____, the County has determined that you, _____ have used _____ months of your lifetime 60-month time limit of CalWORKs cash aid.

Here's why:

You got CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: = _____ months.

Months that did not count. - _____ months.

Total number of months used: _____ months.

[] If you were exempt, the month(s) did not count toward the CalWORKs 60-month time limit. These months are listed on the next page.

[] The list on the next page includes months that are exempt due to child support collection. The last page(s) shows how child support was applied to exempt month(s).

[] You may also have months that are exempt because of child support collection. If you do, these months will be included in your next notice.

[] No child support was collected for children in your AU.

The following ____ months did not count toward your CalWORKs 60-month time limit:

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year ____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

You may be eligible to get aid for ____ more months.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use when no previous time on aid NOA was issued to inform an adult recipient of the total number of months that they received aid and for a recipient who has received aid for 12 months or less.

Complete the following:

- Date of notification.
- Name of the adult recipient.
- Total number of months of aid used, (i.e. counted toward the time limit.)
- Period(s) of time the individual was eligible to receive aid (excludes the period of discontinuance and sanctioned months, but includes zero basic grant (ZBG) months.)
- Number of months that did not count toward the time limit (i.e. exemptions, and sanctioned months.)
- Total number of months used.
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)
- Remaining number of months.

This message replaces the M40-107A (11-01-02).

Use this message beginning May 1, 2022.

Child Support Collection for CalWORKs 60-Month Time Limit Exemption

Child support collection is used to exempt months of aid. A month is exempt if the aid for that month is fully repaid by child support collected since 1998. All child support amounts since 1998 are added together so when the total child support amount can repay a month of aid, that month does not count toward the CalWORKs 60-month time limit.

The following information tells you how the child support was collected and applied to repay months on aid.

As of _____, the amount of child support collected is \$_____.

The child support amount was applied to exempt the following _____ months:

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year _____ Amount of Aid Repaid by Child Support \$_____

The remaining amount of child support is \$_____ and will be applied to months of aid that have not yet been repaid.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use this addendum when no previous time on aid NOA was issued to inform an adult recipient of the number of months that are exempt due to the child support collection reimbursement of aid. Use continuation page NA 270.

Complete the following:

- Date of notification.
- Amount of child support collected.
- Number of exempt months due to child support applied to reimburse aid.
- The month(s), year(s), and amounts of child support collection applied to exempt the month(s).
- The remaining amount of child support collection to be applied to subsequent months of aid that have not yet been repaid.

This message replaces the M40-107 adden1 (06-01-11).

Use this message beginning May 1, 2022.

Child Support Collection for CalWORKs 60-Month Time Limit Exemption

Child support collection is used to exempt months of aid. A month is exempt if the aid for that month is fully repaid by child support collected since 1998. All child support amounts since 1998 are added together so when the total child support amount can repay a month of aid, that month does not count toward the CalWORKs 60-month time limit.

The following information tells you how the child support was collected and applied to repay months on aid.

As of _____, the amount of child support since your last notice is: \$_____.

On the last time limit notice, the remaining amount of child support that was not yet used was: + \$_____.

The total amount of child support applied to repay aid since your last notice is: = \$_____.

The child support amount was applied to exempt the following _____ months:

Month_____ Year_____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year_____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year_____ Amount of Aid Repaid by Child Support \$_____

Month_____ Year_____ Amount of Aid Repaid by Child Support \$_____

The remaining amount of child support is \$_____ and will be applied to months of aid that have not yet been repaid.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use the addendum 2 at redetermination or at application (when the individual was previously aided and issued a time on aid NOA) to inform an adult recipient of the number of months that are exempt due to the child support collection reimbursement of aid. Use continuation page NA 270.

Complete the following:

- Date of notification.
- The amount of child support collected since prior notice.
- The balance of child support collection that was remaining at last notice.
- The total child support applied to repay aid since last notice.
- Number of exempt months due to child support applied to reimburse aid.
- The month(s), year(s), and amounts of child support applied to exempt the month(s).
- Remaining amount of child support collection to be applied to subsequent months of aid that have not yet been repaid.

Page 4 of 4
Original Date: 07-01-02
Revision Date: 04-01-21

This message replaces the M40-107 adden1 (6-01-11)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-107(a)(4), 42-302, 42-302.21,
42-712 and All County Letter No. 20-113

Page 1 of 2
Noa Msg Doc No.: M40-107b
Action: Other
Issue: CalWORKs 60-Month Time Limit
Title: Time On Aid at Redetermination or
Application (previously noticed)

Use Form No.: NA 530 attach NA 270
Original Date: 03-01-02
Revision Date: 04-01-21

MESSAGE:

On the date of the last time limit notice, _____, the County determined that you, used a total of _____ months of your lifetime 60-month time limit of CalWORKs cash aid.

Since _____, you used _____ more months.

Here's why:

Since your last time limit notice, you got CalWORKs:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Subtotal: = _____ months.

Months that did not count - _____ months.

The additional months used + _____ months.

The total number used is now = _____ months.

If you were exempt, the month(s) did not count toward the CalWORKs 60-month time limit. These months are listed on the next page.

- ☐ The list on the next page includes months that are exempt due to child support collection. The last page(s) shows how child support was applied to exempt month(s).
- ☐ You may also have months that are exempt because of child support collection. If you do, these months will be included in your next notice.
- ☐ No child support was collected for children in your AU.

The following _____ months did not count toward your CalWORKs 60-month time limit:

Year _____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year _____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

You may be eligible to get aid for _____ more months.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use at redetermination or at application (when the individual was previously aided and issued a time-on-aid NOA) to inform an adult recipient of the total number of months that they received aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date of previous time limit NOA.
- Additional months of aid used (i.e. counted toward the time limit) since last NOA.
- Period(s) of time the individual was eligible to receive aid since the last NOA (excludes the period of discontinuance and sanctioned months, but includes zero basic grant (ZBG) months.)
- Number of months that did not count toward the time limit, (i.e. exemptions and sanctioned months.)
- Number of additional months used since the last NOA.
- Total number of months used, (previous NOA months + new months).
- Check appropriate box for child support time limit exemption, use addendum for child support time limit exemption if applicable.
- The year and months that did not count on page two (use continuation page NA 270.)
- Remaining number of months.

This message replaces the M40-107b (06-01-11)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-107(a)(5) and All County
Letter No. 20-113

Noa Msg Doc No.: M40-107d Page 1 of 2

Action: Other
Issue: Out of State Time Limit Inquiry
Title: Time on Aid to Former CalWORKs
Recipients

Use Form No.: NA 290, attach NA 270
Original Date: 03-01-02
Revision Date: 04-01-21

MESSAGE:

The State where you applied for aid has asked the County about the number of months you got CalWORKs.

Federal law limits adults to 60 months of TANF aid. CalWORKs is California's TANF program and grants aid for 60 months unless you had an exemption or had months unticked for child support payments that repaid a month's full grant.

Your California count for CalWORKs may be different than the TANF count or the count in your new State. If you have questions, contact your worker.

The County provided the following information:

As of _____, the County has determined that _____ used _____ months of your CalWORKs cash aid towards your federal TANF time limit.

Here's why:

You got TANF-funded aid in California:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

Total: _____ = _____ months.

CalWORKs does not count (exempt) months for more reasons than federal TANF rules. Months of assistance that you got that did not count toward the TANF 60-month time limit are:

Date(s)		# months:
Reason		
Date(s)		
Reason		

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use at the time a former CalWORKs recipient applies for aid in another state to inform the former recipient of the total number of months that they received TANF-funded in California.

Complete the following:

- Date of notification.
- Name of the adult recipient.
- Total number of months of TANF-funded aid used (i.e., counted toward the time limit).
- Period(s) of time the individual was eligible to receive aid. Exclude the period of discontinuance and sanctioned months. Also excludes zero basic grant (ZBG) months, unless family is not employed and received supportive services.
- Total number of months of TANF-funded aid used.
- Dates, number of months and reason(s) months did not count toward the time limit (i.e., TANF exemptions and sanctioned months). Use continuation page NA 270 if more space is needed.

This message replaces the M40-107d (10-01-19)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-107(a)(4)(G), 42-302, 42-302.11, 42-302.21, 42-712 and All
County Letter No. 20-113

Page 1 of 2
Noa Msg Doc No.: M40-107f
Action: Other
Issue: CalWORKs 60-Month Time Limit
Title: Extended Beyond 60 Months of
Aid

Use Form No.: NA 530 attach NA 270
Original Date: 11-01-02, New
Revision Date: 04-01-21

MESSAGE:

On the date of the last time limit notice, _____, the county determined that you, _____, used a total of _____ months of your lifetime 60-month time limit of CalWORKs cash aid.

As of _____, you, _____ used your total 60 months of CalWORKs cash aid. However, you can continue to get cash aid because you have a condition that meets the requirements to be extended on aid.

Your condition may be reviewed again to determine if you can continue to get aid.

Here's why:

Since your last time limit notice, you got CalWORKs:

from _____ to _____ = _____ months.

Months that did not count: - _____ months.

The additional months used: + _____ months.

The total number used is now = _____ months.

If you were exempt, the month(s) did not count toward the CalWORKs 60-month time limit. These months are listed on the next page.

[] The last page shows how child support was applied to exempt month(s).

[] No child support was collected for children in your AU.

The following _____ months did not count toward your CalWORKs 60-month time limit:

Year _____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Year _____ - Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that they reached the 60-month time limit but continue on aid because they meet an extender criterion.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- Period(s) of time the individual was eligible to receive aid (excludes the period of discontinuance and sanctioned months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption and use addendum for child support time limit exemption if applicable.
- The year and number of months that did not count on page two, (use continuation page NA 270.)

This Message replaces the M40-107f (06-01-11)

Use this message beginning May 1, 2022

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 42-302, 42-302.11, 42-302.2, 42-302.21, 42-712 and All County Letter No. 20-113

Page 1 of 1
Noa Msg Doc No.:M40-107f1
Action: Other
Issue: CalWORKs 60-Month Time Limit
Title: Extender Met After 60th Month

Use Form No.: NA 530, attach NA 531
Original Date: 04-01-04, New
Revision Date: 04-01-21

MESSAGE:

As of _____, the county is changing your cash aid from \$_____ to \$_____.

Here's why:

You can now get cash aid because you, _____, have a condition that meets the rule to get cash aid after your 60-month limit.

Your condition may be reviewed again to determine if you can continue to get aid.

Your new cash aid amount is figured on the next page.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use post 60th month time limit to inform an adult recipient that they can receive aid because they meet an extender criterion.

Complete the following:

- Date that grant is changed.
- Previous grant amount and new grant amount.
- Name of the adult recipient.

This message replaces the M40-107f1 (06-01-11)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Page 1 of 1
Noa Msg Doc No.: M40-107f2
Action: Change
Issue: CalWORKs 60-Month Time Limit
Title: Extender Ended

Auto ID No.:
Source:
Issued by:
Reg Cite: 40-107(a)(4), 42-302, 42-302.11,
42-302.21, 42-712 and All County Letter No.
20-113

Use Form No.: NA 530, attach NA 531
Original Date: 04-01-04, New
Revision Date: 04-01-21

MESSAGE:

As of _____, the county is changing your cash aid from \$_____ to \$_____.

Here's why:

You can no longer get cash aid because you, _____, no longer have a condition that lets you get cash aid after your 60-month limit.

Contact your worker if you think you have a condition that meets the rule to continue to get cash aid.

Your cash aid is figured on the next page.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use to lower the cash aid after the timed-out adult no longer meets the extender criteria.

Complete the following:

- Date the grant is changed.
- Previous grant amount and new grant amount.
- Name of the adult recipient.

This message replaces the M40-107f2 (06-01-11)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-107(a)(4)(G), 42-302, 42-302.21, 42-712, 44-111, 44-113, 44-207.2, and All County Letter No. 20-113

Page 1 of 2
Noa Msg Doc No.: M40-107g
Action: Discontinuance/Change
Issue: CalWORKs 60-Month Time Limit
Title: 60th Month on Aid

Use Form No.: NA 530, Attach NA 532
Original Date: 11-01-02, New
Revision Date: 04-01-21

MESSAGE:

As of _____, the County is changing your family's cash aid from \$_____ to \$_____. We have removed _____ from the grant. The new amount of cash aid is for the [] remaining eligible members of your family. The new cash aid amount is figured on the next page.

Here's why:

As of _____, _____, has used 60 months of CalWORKs cash aid. Adults cannot get CalWORKs cash aid after 60 months unless they meet an exception to the time limit. We have no record of you meeting an exception. **If you disagree, ask for a hearing.**

You may be able to get aid for yourself after 60 months. The reasons are listed on form CW 2190A, sent out with this notice. Fill out and return the form to the County any time you think you qualify for an exception.

You got CalWORKs aid:

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

from _____ to _____ = _____ months.

We did not count the months listed below toward the 60-month CalWORKs time limit.

If you were exempt, the month(s) did not count toward the CalWORKs 60-month time limit. Those months are:

Date(s)		# months:
Reason		
Date(s)		
Reason		

The list on this page includes months that are exempt due to child support collection. The last page(s) shows how child support was applied to exempt month(s).

- [] You may also have months that are exempt because of child support collection. If you do, these months will be included in your next notice.
- [] No child support was collected for children in your AU.

Total months that did not count: _____ months.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that they reached the 60 -month time limit and is no longer eligible for aid.

Complete the following:

- Date of last time limit NOA.
- Previous amount of cash aid.
- New amount of cash aid.
- Name of the adult recipient that was removed.
- Number of remaining members in the AU.
- Period(s) of time the individual was eligible to receive aid (excludes the period of discontinuance and sanctioned months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Dates, number of months and reason(s) that months did not count toward the time limit, (i.e., exemptions and sanctioned months), since last time limit NOA.
- Check appropriate box for child support time limit exemption.
- Total number of months (60 months).

Attach Continuation Page NA 532 to show the family's income (AU + Non-members AU) is more than Tier 2 Income Reporting Threshold (IRT) and the exempt months, including year and number of months that did not count. If child support exemption is applicable, use the appropriate 40-107 addendum for exempt months due to child support collection. Attach form CW 2190A.

This message replaces the M40-107g (06-06-18)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-107(a)(4), 40-171, 40-173,
42-302, 42-302.21, 42-712, 82-833, and
All County Letter No. 20-113

Page 1 of 1
Noa Msg Doc No.: M40-107j
Action: Partial Approval
Issue: CalWORKs 60-Month Time Limit
Title: Timed-Out Adult

Use Form No.: NA 530, attach NA 531
Original Date: 11-01-02, new
Revision Date: 04-01-21

MESSAGE:

As of _____, the county has approved cash aid and Medi-Cal for some members of your family. The first day of cash aid is _____. The first month's cash aid amount is \$_____.

Aid has been denied for _____ and _____.

Here's why:

On the date of your last time limit notice, _____, the county determined that you used the total 60 months of CalWORKs aid and can no longer get cash aid.

Your cash amount is figured on the next page.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use to approve cash aid and deny any member(s) of the AU who is a CalWORKs timed-out adult.

- Complete the following:
- Date of notification.
- First day of cash aid.
- First month's cash aid amount.
- Name of adult(s) that is timed-out.
- Date of previous NOA that indicated 60 months were used.
- Use NA 531 to show the cash grant amount without CalWORKs timed-out adult.

This message replaces the M40-107j (11-01-02).

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-171.2, 40-129, 42-302.1, 42-302.11-.12, 42-302.2-.21, 44-315, 44-317, 82-510.4, and All County Letter No. 20-113

Page 1 of 2
Noa Msg Doc No.: M40-107j1
Action: Approve
Issue: Application Processing
Title: Approval After 60 Months on Aid

Use Form No.: NA 530, attach NA 531
Original Date: 04-01-04, New
Revision Date: 04-01-2

MESSAGE:

The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$_____.

Your first day of cash aid is _____. Your first day of Medi-Cal is the first day of the month you applied for aid.

On _____, the County determined that you, _____ used your total 60 months of CalWORKs cash aid.

You can now get cash aid because:

- ☐ You have a condition that meets the rule to get cash aid after your 60-month limit. Your condition may be reviewed again to determine if you can continue to get aid.
- ☐ The county has received child support that has repaid some of your months on aid.
- ☐ You have paid back an overpayment that has repaid some of your months on aid.

More information about your cash aid:

- ☐ The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month's cash aid will be for a full month.
- ☐ You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of 1 working day.
- ☐ The cash aid payment for your first month of aid has a 25 percent penalty for not helping us or the local child support agency collect child support. This amount will be subtracted from your cash aid payment each month until you help us or the local child support agency collect child support. Contact the county if your circumstances have changed and you have good cause for not cooperating.

[] You got a diversion payment of \$_____ on _____ **OR** you got diversion service(s) of _____ on _____ at the value of \$_____. You have agreed to repay the diversion payment/service(s). \$_____ will be subtracted from your cash aid payment for ___ month(s) until paid in full.

Your cash aid is figured on the next page.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use for approvals and restorations after a client has previously timed out and is now eligible to receive cash aid. **Do not use for refusal to assign child/spousal support rights cases.** Check the applicable box(es). When you check the immediate need (IN) box, you do not need to send another NOA denying the IN request.

This message replaces the M40-107j1 (06-01-2011).

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Auto ID No.:
Source:
Issued by:

Reg Cite: 40-107(a)(4)(H), 42-302.1, 42-302.11, 42-302.2, 42-302.21 and All
County Letter No. 20-113

Page 1 of 1
Noa Msg Doc No.: M40-107k
Action: Change
Issue: CalWORKs 60-Month Time Limit
Title: Increase Grant due to TOA
Adjustment

Use Form No.: NA 530, attach NA 531
Original Date: 04-01-04, New
Revision Date: 04-1-21

MESSAGE:

As of _____, the county is changing your cash aid from \$_____ to \$_____.

Here's why:

On _____, the county determined that you, _____ used your total 60 months of CalWORKs cash aid.

You can now get cash aid because:

- ☐ The county has received child support that has repaid some months of aid.
- ☐ You have paid back an overpayment that has repaid some months of aid.

You will get cash aid for _____ more months. The months that did not count toward the CalWORKs 60-month time limit are listed on the next page.

Your new cash aid amount is figured on the next page.

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use to increase the grant when child support or overpayment has been recouped and the adult is now eligible for additional months of aid. Use NA 531 for budget and addendum for exemptions due to child support reimbursement.

This message replaces the M40-107k (06-01-11)

Use this message beginning May 1, 2022.

State of California
Department of Social Services

Page 1 of 1
NOA Msg Doc No.: M81-215E

Auto ID No.:
Source:
Issued by:

Action: Other
Issue: Time Limit
Title: Diversion

Reg Cite: 81-215.5, 42-302, W & IC
11266.5, All County Letter 20-113

Revision Date: 04-01-21
Use Form Number: NA 270
Original Date: 01-01-98, New

MESSAGE:

As of _____, the County is subtracting _____ months from your 60-month time limit.

Here's why:

[] You got a diversion payment of \$_____ on _____ and it is equal to months of cash aid.

[] You got diversion service(s) on _____. The value of your diversion service(s) is \$_____ and it is equal to _____ months of cash aid.

You have agreed to count the diversion payment/services against your eligibility time limit.

Your diversion period is figured on this page.

Diversion Payment/Service(s):	\$ _____
Maximum Aid Payment ____ Person(s)	÷ _____
(Assistance Unit only)	
Diversion Period	= _____ months

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use to adjust the number of months for diversion against the 60-month time limit when an applicant applies for CalWORKs during the diversion period. Use as a second page on a blank NA 270 for applicants when appropriate. Print the calculation for either the payment or value of services divided by the MAP (AU only) to get the diversion period on the right-hand side.

This message replaces M81-215E dated 06-24-11.

Use this message beginning May 1, 2022

State of California
Department of Social Services

Page 1 of 1
NOA Msg Doc Number: M81-215F

Auto ID No.:
Source:
Issued by:

Action: Other
Issue: Time Limit
Title: Diversion

Reg Cite: 81-215.52, W & IC 11266.5,
All County Letter 20-113

Use Form Number: NA 270
Original Date: 01-01-98, New
Revision Date: 04-01-21

MESSAGE:

As of _____, the County is subtracting one month from your 60-month time limit.

Here's why:

[] You got a diversion payment of \$ _____ on _____ and it is equal to _____ months of cash aid.

[] You got diversion service(s) of _____ on _____. The value of your diversion service(s) is \$ _____ and is equal to _____ months of cash aid.

Since you came in and applied for cash aid after the diversion period, only one month is counted against your 60-month time limit.

Your diversion period is figured on this page.

Diversion Payment/Service(s):	\$ _____
Maximum Aid Payment ____ Person(s)	÷ _____
(Assistance Unit only)	
Diversion Period	= _____ months

AUTHORITY: Assembly Bill 79 (Chapter 11, Statutes of 2020)

INSTRUCTIONS: Use to subtract one month for diversion against the 60-month time limit because the client came in after the diversion period to apply for cash aid. Use on blank NA 270 as a second page for applicants when appropriate. Print the calculation for either the payment or value of services divided by the MAP (AU only) to get the diversion period on the right-hand side.

This message replaces M81-215F dated 06-24-11.

Use this message beginning May 1, 2022